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APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/IL99/00670 12/08/1999
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**** FOREIGN APPLICATIONS *******

ISRAEL 124694 05/29/1998
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	ISRAEL	54	20	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

VASCULAR SURGERY

FILING FEE RECEIVED 4304	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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